

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 8, 1999

COUNTY FISCAL LETTER (CFL) NO. 99/00-43

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT PROGRAM
(Kin-GAP) ASSISTANCE CLAIMING INSTRUCTIONS

REFERENCE: ALL COUNTY INFORMATION NOTICES I-27-99 AND I-40-99;
ALL COUNTY LETTERS 99-92 AND 99-97

This letter provides assistance claiming/reporting instructions for the Kinship Guardianship Assistance Payment Program (Kin-GAP), which was established in accordance with Senate Bill (SB) 1901 (Chapter 1055, Statutes of 1998). The implementation date for the Kin-GAP Program is January 1, 2000.

As part of the child's permanent plan, the Kin-GAP program will provide a subsidy to children in relative placements when the relative caregivers assume legal guardianship. The child must have lived with the relative at least 12 months. For the Kin-GAP rate to apply, juvenile court dependency must be dismissed on or after January 1, 2000. Program implementation instructions and eligibility criteria were provided in All County Letter (ACL) 99-97, dated November 4, 1999. County Expense Claim (CEC) instructions will be provided in the March 2000 quarter Time Study and Claiming Letters.

AID CODES

The following aid codes have been established, to track and claim Kin-GAP costs. Until the codes are available in MEDS, counties are requested to maintain pertinent case/recipient information to allow retroactive identification of cases by aid code.

The following aid codes are for dependent children adjudicated under section 300 of the Welfare and Institutions Code. The following conditions apply:

Code 4F Kin-GAP (federal)

- The child must have lived with a relative caregiver for at least 12 months.
- The relative caregiver must have assumed legal guardianship of the foster child.
- The child's dependency must have been dismissed on or after January 1, 2000.
- The child must have either qualified for or was in receipt of federal TANF benefits or prior to dismissal of the dependency received Title IV-E.

Code 4G Kin-GAP (state)

- The child must have lived with a relative caregiver for at least 12 months.
- The relative caregiver must have assumed legal guardianship of the foster child.
- The child's dependency must have been dismissed on or after January 1, 2000.
- The child was either qualified for or in receipt of State only CalWORKs benefits.

ASSISTANCE CLAIMING INSTRUCTIONS

Counties will be allowed to open Kin-GAP Program cases effective January 1, 2000.

Monthly reimbursement claim forms CA 800KG (Fed) and CA 800KG (Non-Fed) have been developed and are Attachments I & II to this letter. Camera-ready copies are available upon request through the Forms Management Unit. Please contact:

California Department of Social Services
Forms Management Unit
744 P street, M.S. 7-182
Sacramento, California 95814
Telephone Number: (916) 657-1907

Claims must be received by the California Department of Social Services within twenty (20) calendar days after the month of the claim and must be accompanied by a Payroll Summary that displays the initial issuance date(s) of payments to support Line 4, Prior Month Supplemental Payroll.

Please submit claims to:

California Department of Social Services
Financial Services Bureau
744 P Street, M.S. 13-79
Sacramento, California 95814

If you have any additional questions regarding this letter, please contact your Fiscal Policy Analyst at (916) 657-3440.

Sincerely,

***Original Document Signed By
George E. Peacher, Jr., on 12/8/99***

GEORGE E. PEACHER, JR., Chief
Fiscal Systems and Accounting Branch

**SUMMARY REPORT OF EXPENDITURES
FEDERAL-KINSHIP GUARDIANSHIP ASSISTANCE
PAYMENT PROGRAM (Kin-GAP)**

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

A	B	C	SOURCE DOCUMENT
PERSONS COUNT	AMOUNTS		
	TANF FUNDS	NONFED FUNDS	
()	()	()	1. Main Payroll
			2. Current Month Supplemental
			3. Current Month Cancellation
			4. Prior Months Supplemental Payroll
			5. Subtotal (reconciliation totals)
()	()	()	6. Prior Months Cancellation
()	()	()	7. Recoveries of Aid
			8. Schedule of Adjustments (show minus items in parentheses)
			9. Subtotal (Lines 6, 7, 8)
			10. DSS Office Audit Corrections (for state use only)
			11. TOTAL
			12. Reserved for future use
			13. Reserved for future use

C TOTAL	D FEDERAL	E STATE	F COUNTY
LINE 11B + 11C	LINE 11B TOTAL	LINE 11C X .50	LINE 11C X .50

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FOR COUNTY USE ONLY	PERS. CTS.				

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Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of the Kinship Guardianship Assistance Payment (Kin-GAP) Program and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the Kinship Guardianship Assistance Payment (Kin-GAP) Program made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY OR AUDITOR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF THE FORM CA 800KG (FEDERAL)

GENERAL INFORMATION

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Complete Lines 1A through 4A and 6A through 8A.
4. Complete Lines 1B through 4B and 6B through 8B in accordance with the amounts shown on the integrated payroll summary that reflect only the portion allowable for reimbursement under TANF (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). This amount is defined as the regional per-child CalWORKs payment rate as defined by the State.
5. Complete Lines 1C through 4C and 6C through 8C in accordance with the amounts shown on the integrated payroll summary that reflect only the portion not allowable for reimbursement under TANF. (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll.) This amount is defined as the difference between the regional per-child CalWORKs payment rate as defined by the State and the total Kin-GAP payment rate.
6. All amounts on the Form CA 800KG (Federal) may be rounded to the nearest dollar.
7. Enter the subtotals in lines 5 and 9 and the totals in line 11.
8. Leave lines 12A and 12C blank until further notice.
9. Leave lines 13A and 13C blank until further notice.
10. Line 14C - Enter the total of line 11B plus 11C.
11. Line 14D - Enter line 11B total.
12. Line 14E - Enter line 11C total times .50 sharing ratio.
13. Line 14F - Enter line 11C total times .50 sharing ratio.
14. Line 15 - reserved for state use.
15. Lines 16 and 17 - include at county request and use is optional.

**SUMMARY REPORT OF EXPENDITURES NONFEDERAL
KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT PROGRAM
(Kin-GAP)**

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

A	B						
PERSONS COUNT	AMOUNT		SOURCE DOCUMENT				
	KinGAP FUNDS						
		1.	Main Payroll				
		2.	Current Month Supplemental				
()	()	3.	Current Month Cancellation				
		4.	Prior Month Supplemental Payroll				
		5.	Subtotal (reconciliation totals)				
()	()	6.	Prior Months Cancellation				
()	()	7.	Recoveries of Aid				
		8.	Schedule of Adjustments (show minus items in parentheses)				
		9.	Subtotal (Lines 6, 7, 8)				
		10.	DSS Office Audit Corrections (for state use only)				
		11.	Total				
		12.	Reserved for future use				
		13.	Reserved for future use				

		C	D				
		STATE	COUNTY				
		LINE 11B X .50	LINE 11B X .50				
				14			

				15
For County Use Only	Pers CTS.			16
				17

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of the Kinship Guardianship Assistance Payment (Kin-GAP) Program in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the Kinship Guardianship Assistance Payment (Kin-GAP) Program made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY OR AUDITOR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF THE FORM CA 800KG (NONFEDERAL)

GENERAL INFORMATION

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Complete Line 1A through 4A and 6A through 8A.
4. Complete Lines 1B through 4B and 6B through 8B in accordance with the amounts shown on the integrated payroll summary that reflect only the portion allowable for reimbursement under Kin-GAP (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). This amount is defined as the Total Kin-GAP payment rate allowed by the State including the normal TANF reduction for eligible children.
5. All amounts on the Form CA 800KG (Non-Federal) may be rounded to the nearest dollar.
6. Enter the subtotals in lines 5 and 9 and the totals in line 11.
7. Leave lines 12A and 12B blank until further notice.
8. Leave lines 13A and 13B blank until further notice.
9. Line 14C-Enter 11B total times .50 sharing ratio.
10. Line 14D - Enter 11B total times .50 sharing ratio.
11. Line 15 - reserved for state use.
12. Lines 16 and 17 - include at county request and use is optional.